

# Statement of Organization (Slate Mailer Organization)

(Government Code Sections 84100,84101,84103,84104,84108)

Type or print in ink.

|  |            |  |
|--|------------|--|
| <b>Amendment</b><br><input checked="" type="checkbox"/> Check box if an Amendment<br>and enter I.D. number:<br># 001 | Date Stamp | <b>CALIFORNIA 1992 FORM 400</b><br>FOR OFFICIAL USE ONLY |
| <b>Date qualified as a Slate Mailer<br/>Organization:</b><br>(Month, Day, Year)<br><br>10/16/2006                    | 1/4        |  |

Please check one box to  
indicate the organization's  
level of activity:

- ☐ CITY  
☒ STATE  
☐ COUNTY

**File an original and one copy of  
this form with:**  
Secretary of State  
Political Reform Division  
P.O. Box 1467  
Sacramento, CA 95812-1467

**And, if applicable, file one copy of  
this form with:**  
The city or county filing officer, if  
any, with whom the organization  
must file its original campaign  
disclosure statements.

## I Slate Mailer Organization Information

FULL NAME OF SLATE MAILER ORGANIZATION:

Golden State Leadership Fund Voter Guide

STREET ADDRESS OF SLATE MAILER ORGANIZATION: (NO. AND STREET)

|                   |           |              |           |           |              |
|-------------------|-----------|--------------|-----------|-----------|--------------|
| CITY              | STATE     | ZIP CODE     | COUNTY    | AREA CODE | PHONE NUMBER |
| <u>Sacramento</u> | <u>CA</u> | <u>95814</u> | <u>CA</u> |           |              |

MAILING ADDRESS OF FILER (IF DIFFERENT THAN ABOVE):

Camarillo CA 93010

A OFFICIAL USE ONLY

B OFFICIAL USE ONLY

## II Treasurer And Other Principal Officers

|                  |  |                               |
|------------------|--|-------------------------------|
|                  | NAME AND PERMANENT ADDRESS                                 | (AREA CODE) DAYTIME PHONE NO. |
| <b>TREASURER</b> | <u>Aden Kun</u><br><u>Camarillo</u> <u>CA</u> <u>93010</u> |                               |

Please see attached pages for other officers

FOR INFORMATION REQUIRED TO BE PROVIDED TO YOU PURSUANT TO THE INFORMATION PRACTICES ACT OF 1977, SEE INFORMATION MANUAL ON CAMPAIGN DISCLOSURE PROVISIONS OF THE POLITICAL REFORM ACT FOR SLATE MAILER ORGANIZATIONS

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## III Individuals Who Authorize Contents Of Slate Mailers (See Instructions on Reverse)

Please see attached pages

## IV Is This Organization A "Committee" Pursuant To Government Code Section 82013?

☒ **YES** (PROVIDE THE NAME AND, IF RECIPIENT COMMITTEE, THE IDENTIFICATION NUMBER OF THE COMMITTEE.)

☐ **NO**

NAME: \_\_\_\_\_ ID NO. 1281772

## V Verification

I have used all reasonable diligence in preparing this statement. I have reviewed the statement and to the best of my knowledge the information contained herein is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 01/21/2019 At \_\_\_\_\_ By Andy Lim  
DATE CITY AND STATE SIGNATURE OF RESPONSIBLE OFFICER

Name of Responsible Officer Andy Lim Title ATR  
(TYPE OR PRINT)

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## II Treasurer And Other Principal Officers

| POSITION            | NAME AND PERMANENT ADDRESS               | (AREA CODE) DAYTIME PHONE NO. |
|---------------------|--|-------------------------------|
| Assistant Treasurer | David Mitchell<br><br>Camarillo CA 93010 |                               |
| Assistant Treasurer | Andy Lim<br><br>Camarillo CA 93010       |                               |

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| FULL NAME | ADDRESS (NO. AND STREET, CITY, STATE, ZIP CODE) | (AREA CODE) DAYTIME PHONE NO. |
|-----------|---|-------------------------------|
| Aden Kun  | Camarillo CA 93010                              |                               |